Commerce Control No.	Weatherization F For valid stipulat	Field Inspection ions as of June 30,	• 0
This report will be used by certified weat under Chap. Comm 67. (This is not an in be filed with the Register of Deeds. Upor Certificate of Compliance.	herization inspectors rspection for health a	to inform owners of nd safety requireme	findings from inspection visits required nts covered by building codes.) It is not to
Owners Names:	Rental building lo street address:	ocation,	Manager or Other Contact Person:
			Street Address:
Street Address:	City:	County:	City, State, and Zip Code:
City, State, and Zip Code:	In This A Multiple	Total number of	City, State, and Zip Code.
	Is This A Multiple Use Occupancy?		Telephone Number, including Area Code:
Telephone Number, including area code:	□ Yes □ No		
NOTE: Submit one report per building!			
If OK, check the appropriate boxes for the improvement(s) needed. ↓ If not OK, check the appropriate boxes for the improvement(s) needed.			
1. Doors: Needs insulated doors or storm doors, Needs double-glazing or storms on side lites, Needs self-closing devices on storm doors.			
2.			
3. □ Caulking: Needs caulking→□ Exterior joints and cracks, □ Windows and door frames, □ Utility penetrations, □ Foundation/sill.			
4. ☐ Weatherstripping: ☐ Needs weatherstripping on cracks larger than 0.1" at →☐ Windows, ☐ Exterior Doors, ☐ Access panels to vented spaces.			
5. ■ Blower door test—Submit documentation per Comm 67.05 (3). ■ Not applicable.			
6. ■ Box Sill: Existing R-value = ■ Not accessible, ■ Add R-19, ■ Add R-11			
7. ☐ Floors over vented spaces: ☐ Not applicable ☐ Bring up to R-19, ☐ Add R-11			
8. ☐ Forced air supply ducts in vented spaces: ☐ not applicable, ☐ Not accessible, ☐ Add R-5			
9. ☐ Steam heating pipes in vented space: ☐ Not applicable, ☐ Not accessible, ☐ Add R-4			
10. ☐ Hydronic heating pipes in vented space: ☐ Not applicable, ☐ Not accessible, ☐ Add R-2			
11. ☐ Domestic water pipes in vented space: ☐ Add R-2 (hot and cold)→ ☐ Within 5 feet of water heater, ☐ Entire length (circulating). ☐ Not applicable			
12. □ Shower flow restrictors: □ No shower facilities, □ Add restrictors → <u>3 GPM max.</u>			
13. 🗖 Access panels and doors to attics and other vented spaces: 🗖 Not applicable, 📮 Add R-19 if horizontal, 📮 Add R-5 if vertical.			
14. 🗖 Attic insulation: Existing R-value = 🗖 Not accessible, 🗖 Insulate to R-38, 📮 Add R-19, 🗖 Add to maximum allowable level (floored attic).			
15. ☐ Moisture control: Attic→☐ Not accessible, ☐ Vent needed = Sq. Ft., (Existing vent area: High: Sq. Ft., Low:Sq. Ft.) Crawl space: →☐ Not accessible/applicable, Existing vent area = Sq. Ft., ☐ Vent needed: Sq. Ft., ☐ Need crawl space vapor barrier.			
Comments: (Please reference Inspected Area number Heating equipment should be prope		aintained for prope	r efficiency.
Inspector's Name: (Please Print)	Insp	pector's Certificate Numbe	er: Inspector's Business Phone Number w/ Area Code:
nspector's Signature:	Date	e Signed:	Indicate Visit Number:
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